

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022216
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 50

Primary Registration District No. 5179

Registrar's No. 35

FILED JUL 9 1962

VS 300
Rev. 4/59

1150
3150

3

4 0

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6

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11015

1291-3

132-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osage</u>		c. CITY OR TOWN <u>Camden</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hwy 54 - East Two Miles</u>		d. STREET ADDRESS (If outside, give location) <u>443 Wilkerson Avenue</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Ira</u> Middle <u>Lee</u> Last <u>Crall</u>		4. DATE OF DEATH Month <u>July</u> Day <u>5</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 27 - 1931</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Delivering Ice</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ice Business</u>	
11. BIRTHPLACE (City and state of country) <u>Hugo Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Walter Crall</u>		13b. MOTHER'S MAIDEN NAME <u>Effie Arnold</u>	
14. NAME OF HUSBAND OR WIFE <u>Maxine Crall</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>Mrs Maxine Crall, Camden Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SUFFOCATION</u> DUE TO (b) <u>STEERING WHEEL BENT AGAINST HIS NECK</u> DUE TO (c) <u>AUTO ACCIDENT.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Wet Payment - Loaded Ice Truck Turned Over.</u>	
20c. TIME OF INJURY <u>7:45 a.m.</u> <u>7:45 AM</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>STREET</u>	20e. CITY, TOWN, OR LOCATION COUNTY STATE <u>CAMDENTON CAMDEN MO</u>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <u>7:45 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>CAMDEN COUNTY CORNER</u>		22b. ADDRESS <u>CAMDENTON, MO</u>	
22c. DATE SIGNED <u>7/7/1962</u>		22d. LOCATION (City, town, or county) (State) <u>Camden Mo.</u>	
23a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 8, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blair Memorial Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Camden</u>		23e. DATE RECD. BY LOCAL REG. <u>July 7-1962</u>	
24. FUNERAL DIRECTOR <u>Robert H. Reed, Camden Mo.</u>		25. REGISTRAR'S SIGNATURE <u>Zilpha J. Traw.</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SA JUL 10 1962

JUL 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.